

APPENDIX B

NEW JERSEY DEPARTMENT OF TRANSPORTATION  
DIVISION OF AERONAUTICS  
INSPECTION & AIRCRAFT OPERATIONS

<http://www.state.nj.us/transportation/commuter/aviation/>

Phone: 609-530-2900/Fax: 609-530-4549

**ACCIDENT/INCIDENT STATEMENT OF WITNESS**

1. PLACE OF ACCIDENT/INCIDENT:		DATE:	TIME:
2. MAKE/MODEL OF AIRCRAFT:		TAIL #:	
3. YOUR NAME:			
4. YOUR ADDRESS:			
CITY:		STATE:	ZIP:
5. PHONE #: (    )		EMERGENCY #: (    )	
6. OCCUPATION:		EMPLOYER:	
7. Where were you at the time of the accident/incident/incident?			
8. Tell in your own words what you saw before and at the time the accident/incident occurred:			

Signature .....

Date.....

(Use reverse side of sheet for diagram and additional statement)